

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16884

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 5 days in hospital or institution (Specify whether)  
In this community 45 years (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME MRS. MARY A. CROWELL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 - 20 - 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 3 28 hr. min.

9. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business R.R. Clerk Mo. P.

12. Name No Record Phil S. Dwyer

13. Birthplace No Record Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Kiernan

15. Birthplace Mo. Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Mary

(b) Address 4177 Eaton

17. (a) Burial (b) Date thereof 5-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, K.C., Mo.

18. (a) Signature of funeral director Quirk and Polin

(b) Address 20 West Kinwood, K.C., Mo.

19. (a) 5-19-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4177 Eaton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1943 hour 3: minute 50 P.M.

I hereby certify that I attended the deceased from May 13, 1943, to May 18, 1943,  
that I last saw her alive on May 18, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Unperforated duodenal ulcer 5 days

Due to Bronchial asthma 4 yrs

Due to 938

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

21. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature E. Castle (M. D. number)

Address 11002 Biggus Bldg Date signed 5-19-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Charles M. Zwick  
Licensed Embalmer No. 3774  
P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**